

RECEIVED
CENTRAL FAX CENTER
MAR 24 2005

FAX COVER SHEET

TO	Mail Stop Petition
COMPANY	USPTO
FAX NUMBER	17038729306
FROM	Tracy Druce
DATE	2005-03-24 23:08:46 GMT
RE	Application No. 10/635,899 - Our 7298.075.NPUS01

COVER MESSAGE

Please enter our attached Petition, Response to Notice to
File Missing
Parts, and Related Papers.

Thank you,

- Tracy W. Druce
Novak Druce & Quigg, LLP

/mmmy

GET FREE ONLINE FAX DELIVERY FROM eFAX
WWW.EFAX.COM

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

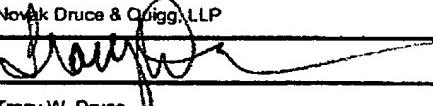
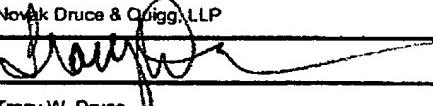
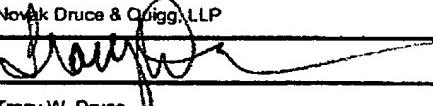
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

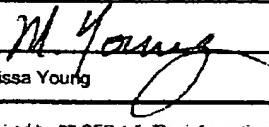
Total Number of Pages in This Submission

Application Number	10/635,899
Filing Date	08-07-2003
First Named Inventor	PETRIE, Aidan
Art Unit	3727
Examiner Name	NOT ASSIGNED
Attorney Docket Number	7298.075.NPUS01

ENCLOSURES (Check all that apply)																		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Authorization; and Copy of Notice																
Remarks																		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT <table border="1"> <tr> <td>Firm Name</td> <td colspan="3">Novak Druce & Clegg, LLP</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> <tr> <td>Printed name</td> <td colspan="3">Tracy W. Druce</td> </tr> <tr> <td>Date</td> <td>24 Mar 05</td> <td>Reg. No.</td> <td>35,493</td> </tr> </table>			Firm Name	Novak Druce & Clegg, LLP			Signature				Printed name	Tracy W. Druce			Date	24 Mar 05	Reg. No.	35,493
Firm Name	Novak Druce & Clegg, LLP																	
Signature																		
Printed name	Tracy W. Druce																	
Date	24 Mar 05	Reg. No.	35,493															

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Melissa Young	Date	24 Mar 05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 2400

Complete if Known	
Application Number	10/635,899
Filing Date	08-07-2003
First Named Inventor	PETRIE, Aidan
Examiner Name	NOT ASSIGNED
Group / Art Unit	3727

Attorney Docket No. 7298.075.NPUS01

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None Order

 Deposit Account:

Deposit Account Number

141437

Deposit Account Name

NOVAK DRUCE & QUIGG, LLP

The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	770
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 180	214 80	Provisional filing fee	
SUBTOTAL (1)			(\$ 770)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-	= 0	X = 0
Multiple Dependent	-	= 0	X = 0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid ** Reissue independent claims over original patent
109 84	209 42	** Reissue claims in excess of 20 and over original patent
110 18	210 8	
SUBTOTAL (2)		(\$ 0)

** or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	Surcharge - late filing fee or oath	130
127	50	227	Surcharge - late provisional filing fee or cover sheet	
139	130	139	Non-English specification	
147	2,520	147	For filing a request for reexamination	
112	920*	112	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	Requesting publication of SIR after Examiner action	
115	110	215	Extension for reply within first month	
116	400	216	Extension for reply within second month	
117	920	217	Extension for reply within third month	
118	1,440	218	Extension for reply within fourth month	
128	1,960	228	Extension for reply within fifth month	
119	320	219	Notice of Appeal	
120	320	220	Filing a brief in support of an appeal	
121	280	221	Request for oral hearing	
138	1,510	139	Petition to Institute a public use proceeding	
140	110	240	Petition to revive - unavoidable	1500
141	1,280	241	Petition to revive - unintentional	
142	1,280	242	Utility issue fee (or reissue)	
143	460	243	Design issue fee	
144	620	244	Plant issue fee	
122	130	122	Petitions to the Commissioner	
123	50	123	Processing fee under 37 CFR 1.17 (q)	
126	180	126	Submission of Information Disclosure Stmt	
581	40	581	Recording each patent assignment per property (times number of properties)	
146	740	246	Filing a submission after final rejection (37 CFR § 1.129(e))	
149	740	249	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	Request for Continued Examination (RCE)	
169	900	169	Request for expedited examination of a design application	

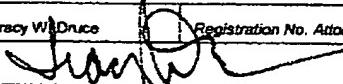
Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 1630)

SUBMITTED BY

Name (Print/Type)	Tracy W. Druce	Registration No. Attorney/Agent	35,493	Telephone	202.659-0100
Signature				Date	03/24/2005

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.